



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE, METROCENTER
NASHVILLE, TENNESSEE 37243
www.tennessee.gov/health

TENNESSEE MEDICAL LABORATORY BOARD
615-532-5126

WAIVED TESTING NOTIFICATION

1. Sponsoring Clinical Laboratory, Licensed Health Care Facility, or Pharmacy:

Name: _____

Address: _____

Telephone Number: _____

Clinical Laboratory License Number, Health Care Facility License Number, or Pharmacy License Number: _____

License Expiration Date: _____

(You must include a copy of current Tennessee facility license)

2. Test(s) to be Performed (include test name and methodology):

3. Professional Classification(s) of Persons Performing Tests:

4. Medical Laboratory Director or Physician Responsible for Testing:

Name: _____

Address: _____

Telephone Number: _____

Tennessee Medical License Number: _____

License Expiration Date: _____

(You must include a copy of the supervising physician's current Tennessee medical license)

Keep copy of document for your records.

I affirm that as Medical Laboratory Director or other physician, I am legally responsible for the clinical laboratory testing procedures listed in this notification. I am familiar with all Tennessee state laws and rules applicable to waived laboratory testing including personnel and supervisory requirements, and necessary training, quality control, and record keeping requirements.

_____, M.D.